2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008
Secretary of State

DOCUMENT# L04000002583

Entity Name: CHARLES SCHOSSLER DRYWALL LLC

Current Principal Place of Business:

3451 COUNTY ROAD 343
GULF HAMMOCK, FL 32639 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 669
BRONSON, FL 32621 US

New Mailing Address:

FEI Number: 65-0161663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHOSSLER, CHARLES
3451 COUNTY ROAD 343
GULF HAMMOCK, FL 32639 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHOSSLER, CHARLES
Address: PO BOX 669
City-St-Zip: BRONSON, FL 32621

Title: MGRM ( ) Delete
Name: EVERETT, KIMBERLY H
Address: 642 S.W. WORRYFREE GLENN
City-St-Zip: FT. WHITE, FL 32038

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SCHOSSLER, CHARLES
Address: PO BOX 669
City-St-Zip: BRONSON, FL 32621 US

Title: MGRM (X) Change ( ) Addition
Name: SMITH, WILLIAM J
Address: 2800 SW 186 COURT
City-St-Zip: DUNNELLON, FL 34432 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES SCHOSSLER MGR 05/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date